

Application Data Sheet

Application Information

Application number::
Filing Date:: 12/03/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Microfluidic Devic with Multiple Microcoil NMR Detectors
Attorney Docket Number:: 005092.00028
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tim
Middle Name:: L.
Family Name:: Peck
Name Suffix::
City of Residence:: Mahomet
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 404 Northshore Drive
City of mailing address:: Mahomet
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61853

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dean
Middle Name::
Family Name:: Olson
Name Suffix::
City of Residence:: Champaign
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1804 Augusta Drive
City of mailing address:: Champaign
State or Province of mailing address:: IL

Country of mailing address:: US
Postal or Zip Code of mailing address:: 61821

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jim
Middle Name::
Family Name:: Norcross
Name Suffix::
City of Residence:: Champaign
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1813 Winchester Drive

City of mailing address:: Champaign
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61821

Correspondence Information

Correspondence Customer Number:: 22910

Representative Information

Representative Customer Number:: 22910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/250,874	12/01/00

Applicant Information

RECEIVED
APR 22 2001
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Strand
Name Suffix::
City of Residence:: Sherborn
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 16 Nason Hill
City of mailing address:: Sherborn
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01770

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name::
Family Name:: Sweedler
Name Suffix::
City of Residence:: Urbana
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1502 Hillcrest Avenue
City of mailing address:: Urbana
State or Province of mailing address:: IL

FEDERAL TRADE COMMISSION

Country of mailing address:: US
Postal or Zip Code of mailing address:: 61801

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22910

Representative Information

Representative Customer Number:: 22910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Protasis Corporation
Street of mailing address:: 734 Forest Street
City of mailing address:: Marlborough
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01752

PROTASIS CORPORATION
734 FOREST STREET
MARLBOROUGH, MA 01752